

PASSENGER RESERVATION REQUEST – AFTER WORKING HOURS

COMMAND				TYPE OF TRAVEL				DATE		
POINT OF CONTACT (POC)						PHONE NUMBER FOR POC				
PSD/CSD CDO/TA						PHONE NUMBER FOR CDO/TA				
NAME OF MEMBER/SPONSOR (Last, First, MI)				RANK/RATE		SSN				
NAME OF DEPENDENTS (IF APPLICABLE)										
Last		First		MI		Date of Birth (Children Only)		Passport Number		
TRANSPORTATION REQUESTED										
DEPARTURE DATE		FROM			TO			RETURN DATE		
LEAVE ADDRESS				LEAVE PHONE NO.		LEAVE START DATE		LEAVE END DATE		
MEMBER REQUESTS CONNECTING FLIGHT AT OWN EXPENSE: <input type="checkbox"/> YES <input type="checkbox"/> NO						CREDIT CARD NUMBER				
DEPARTURE DATE		FROM			TO			RETURN DATE		
ADDITIONAL INSTRUCTIONS/REMARKS										
***** DO NOT WRITE BELOW THIS AREA: FOR PSD/CSD CDO/TA USE ONLY*****										
AIRLINE	FLT NO.	DATE	FROM	AIRPORT CODE	ETD	TO		AIRPORT CODE	ETA	DATE
MIP		AMC NON USE		TYPE TRAVEL	BRANCH		REQUESTED:			
<div style="text-align: center;">SATOTRAVEL NAVY HELP DESK SAN ANTONIO, TEXAS</div> <div>FROM GUAM 1-800-359-9999 FROM JAPAN 0044-22-11-2270 FROM KOREA 210-824-8455 (CALL COLLECT) FROM SINGAPORE 800-1100-860</div>							DATE: _____ FROM: _____ TO: _____			
							DATE: _____ FROM: _____ TO: _____			
							DATE: _____ FROM: _____ TO: _____			
							DATE: _____ FROM: _____ TO: _____			
							DATE: _____ FROM: _____ TO: _____			
THE CDO MUST FORWARD THIS FORM TO THE CTO FIRST THING IN THE MORNING ON THE FIRST WORKING DAY AFTER THE FLIGHT HAS BEEN BOOKED.										